

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SHORE PAC

ADDRESS (number and street) ▼

PO Box 3157

☐ Check if different than previously reported. (ACC)

Long Branch

NJ

07740

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00410308

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☒ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Warren B Goode

Signature of Treasurer

Warren B Goode

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SHORE PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2015

To:

M M	/	D D	/	Y Y Y Y Y
10		31		2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2015</div></div>		<div><div></div><div>53704.55</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>77837.09</div></div>	
(c) Total Receipts (from Line 19) .....	<div><div></div><div>33000.00</div></div>	<div><div></div><div>220502.00</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>110837.09</div></div>	<div><div></div><div>274206.55</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>29642.05</div></div>	<div><div></div><div>193011.51</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div><div></div><div>81195.04</div></div>	<div><div></div><div>81195.04</div></div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**SHORE PAC**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	1		2	0	1	5		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		3	1		2	0	1	5		

<b>I. Receipts</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10000.00	22300.00
(ii) Unitemized .....	0.00	202.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10000.00	22502.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	23000.00	198000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	33000.00	220502.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	33000.00	220502.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	33000.00	220502.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	7142.05	59511.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	7142.05	59511.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22500.00	133500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	29642.05	193011.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29642.05	193011.51

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	33000.00	220502.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	33000.00	220502.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	7142.05	59511.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	7142.05	59511.51

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 19

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

**A. Mary M. Lewis**

Mailing Address 6506 Blue Wing Drive

City

Alexandria

State

VA

Zip Code

22307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Fritts Group

Occupation

Government Relations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 15 / 2015

Transaction ID : 11ai-000038311

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. C. Stuart Chapman**

Mailing Address 3909 Albemarle Street NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Continental Group

Occupation

Government Relations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 15 / 2015

Transaction ID : 11ai-000038310

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Michael Hauser Hutton**

Mailing Address 20 Royal Dominion Court

City

Bethesda

State

MD

Zip Code

20817-4652

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hutton Strategies

Occupation

Government Relations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 15 / 2015

Transaction ID : 11ai-000038312

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

## **A. Tim Yehl LLC**

Mailing Address 228 E Street NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Partnership

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

10 / 15 / 2015

Transaction ID : 11ai-000038313

Amount of Each Receipt this Period

3000.00

Partnership See Memo Items

Full Name (Last, First, Middle Initial)

## **B. Timothy J. Yehl**

Mailing Address 228 E Street NE

City

Washington

State

DC

Zip Code

20002-4923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tim Yehl LLC

Occupation

Government Relations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

10 / 15 / 2015

Transaction ID : 11ai-000038314

Amount of Each Receipt this Period

3000.00

**[MEMO ITEM]**

Partner Share - Tim Yehl LLC

Full Name (Last, First, Middle Initial)

## **C. Stacey Rampy**

Mailing Address 1415 Spring Vale Avenue

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rampy Northrup LLC

Occupation

Government Relations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 25 / 2015

Transaction ID : 11ai-000038325

Amount of Each Receipt this Period

2500.00

Earmarked Contribution Through ActBlue

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5500.00

10000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

## **A. The US Oncology Network PAC**

Mailing Address 10101 Woodloch Forest Drive

City State Zip Code  
The Woodlands TX 77380

FEC ID number of contributing  
federal political committee.

**C** C00339655

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**10 / 15 / 2015**

**Transaction ID : 11c-000038320**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. The Walt Disney Company Employees PAC (Disney PAC)**

Mailing Address 425 3rd Street SW Suite 1100

City State Zip Code  
Washington DC 20024

FEC ID number of contributing  
federal political committee.

**C** C00197749

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**10 / 15 / 2015**

**Transaction ID : 11c-000038321**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **C. Varian Medical Systems PAC**

Mailing Address 801 Pennsylvania Avenue NW

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C** C00450965

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**10 / 15 / 2015**

**Transaction ID : 11c-000038322**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

7500.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 19  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

## **A. National Apartment Association PAC (NAA PAC)**

Mailing Address 4300 Wilson Boulevard

City State Zip Code  
Arlington VA 22203

FEC ID number of contributing  
federal political committee.

**C** C00113241

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10 / 15 / 2015**

**Transaction ID : 11c-000038318**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. ActBlue**

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10002.00

Date of Receipt

**10 / 25 / 2015**

**Transaction ID : 11c-000038324**

Amount of Each Receipt this Period

2500.00

**[MEMO ITEM]**

Conduit Contributions Through ActBlue

Full Name (Last, First, Middle Initial)

## **C. CBS Corporation PAC**

Mailing Address 601 Pennsylvania Avenue NW Suite 5

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C** C00423442

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

**10 / 29 / 2015**

**Transaction ID : 11c-000038316**

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

6500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 19

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

## **A. Glover Park PAC**

Mailing Address 700 13th Street NW

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00466094

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 29 2015

**Transaction ID : 11c-000038317**

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

## **B. American Academy of Neurology PAC (BrainPAC)**

Mailing Address 201 Chicago Avenue

City State Zip Code  
 Minneapolis MN 55415

FEC ID number of contributing  
federal political committee.

**C** C00435933

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 29 2015

**Transaction ID : 11c-000038315**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **C. National Multi Housing Council PAC (NMHC PAC)**

Mailing Address 1850 M Street NW Suite 540

City State Zip Code  
 Washignton DC 20036-5816

FEC ID number of contributing  
federal political committee.

**C** C00130773

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 29 2015

**Transaction ID : 11c-000038319**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 19

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

## **A. Viacom International Inc PAC (Viacom PAC)**

Mailing Address 1501 M Street NW

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00167759

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 29 2015

**Transaction ID : 11c-000038323**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

23000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

SHORE PAC

### A. Jodi Woolley

Category/  
Type

300.00

Disbursement For: 2015

☐ Primary ☐ General

☒ Other (specify) ▼

Annual

### B. Davey Consulting LLC

MM / DD / YYYY

Category/  
Type

Number of people

Age

1000.00

Disbursement For: 2015

☐ Primary ☐ General

☒ Other (specify) ▼

Annual

C. Jeffrey C Carroll

Category/  
Type

350.00

Disbursement For: 2015

☐ Primary ☐ General

☒ Other (specify) ▼

Annual

1650.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

SHORE PAC

**A. NGP VAN Inc**

The image shows three 10-pin D-sub connectors. The first connector is labeled 'M10' and has a '10' printed on its face. The second connector is labeled 'D02' and has a '02' printed on its face. The third connector is labeled 'Y2015' and has a '2015' printed on its face. Each connector has a D-shaped shield and ten pins arranged in two rows of five.

Category/  
Type

Age Group	Number of People
13-17	300.00
18-24	100.00
25-34	150.00
35-44	150.00
45-54	150.00
55-64	120.00
65-74	120.00
75-84	120.00
85+	120.00

Disbursement For: 2015

☐ Primary ☐ General

☒ Other (specify) ▼

Annual

## B. Common Sense Consulting

Category/  
Type

750.00

Disbursement For: 2015

☐ Primary ☐ General

☒ Other (specify) ▼

Annual

### C. American Express

Three digital displays are shown, each with a different number. The first display shows '10' with missing segments for the top-left, top-right, and middle-right. The second display shows '20' with missing segments for the top-left, top-right, and middle-right. The third display shows '2015' with missing segments for the top-left, top-right, middle-right, and bottom-right.

Category/  
Type

2543.30

Disbursement For: 2015

☐ Primary ☐ General

☒ Other (specify) ▼

Annual

3593.30

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

SHORE PAC

### A. United Airlines

Date of Disbursement

Transaction ID : 21b-02-01115-01314

Amount of Each Disbursement this Period

852.20

[MEMO ITEM]

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
State:	District:		Annual

## B. The Borgata

Date of Disbursement

Mailing Address One Borgata Way

City	State	Zip Code
Atlantic City	NJ	08401

Transaction ID : 21b-02-01115-01309

Purpose of Disbursement
Travel Expense

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	90.06
25-34	~85
35-44	~80
45-54	~75
55-64	~70
65-74	~65
75-84	~60
85+	~55

**[MEMO ITEM]**

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
State:	District:		Annual

Full Name (Last, First, Middle Initial)

### C. The Borgata

Date of Disbursement

M M / D D / Y Y Y Y

10 20 2015

Mailing Address One Borgata Way

City	State	Zip Code
Atlantic City	NJ	08401

Transaction ID : 21b-02-01115-01310

Purpose of Disbursement
Travel Expense

A diagram of a rectangular frame with four vertical supports. The frame is represented by a rectangle with a thick border. Inside the rectangle, there are four vertical lines, one in each quadrant, representing supports. The top and bottom horizontal lines are thicker than the side vertical lines.

Amount of Each Disbursement this Period

112.86

[MEMO ITEM]

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
State:	District:		Annual

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

**A. The Borgata**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2015

Mailing Address One Borgata Way

City	State	Zip Code
Atlantic City	NJ	08401

Purpose of Disbursement  
Travel Expense

Candidate Name

Category/  
Type**Transaction ID : 21b-02-01115-01311**

Amount of Each Disbursement this Period

500.00
--------

**[MEMO ITEM]**

Office Sought:	House	Disbursement For: 2015	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	Senate		
	President		
State:	District:		Annual

Full Name (Last, First, Middle Initial)

**B. American Express Travel Insurance**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2015

Mailing Address 2965 West Corporate Lakes Boulevar

City	State	Zip Code
Weston	FL	33331

Purpose of Disbursement  
Travel Expense

Candidate Name

Category/  
Type**Transaction ID : 21b-02-01115-01313**

Amount of Each Disbursement this Period

8.99
------

**[MEMO ITEM]**

Office Sought:	House	Disbursement For: 2015	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	Senate		
	President		
State:	District:		Annual

Full Name (Last, First, Middle Initial)

**C. United Airlines**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2015

Mailing Address 7700 Wisconsin Avenue

City	State	Zip Code
Bethesda	MD	20824

Purpose of Disbursement  
Travel Expense

Candidate Name

Category/  
Type**Transaction ID : 21b-02-01115-01315**

Amount of Each Disbursement this Period

852.20
--------

**[MEMO ITEM]**

Office Sought:	House	Disbursement For: 2015	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	Senate		
	President		
State:	District:		Annual

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
------

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

SHORE PAC

### A. United Airlines

Category/  
Type

59.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
State:	District:		Annual

### B. United Airlines

Category/  
Type

59.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
State:	District:		Annual

### C. American Express Travel Insurance

M M / D D / Y Y Y Y

10 20 2015

Category/  
Type

8.99

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
State:	District:		Annual

0.00

\_\_\_\_\_



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

**A. Davey Consulting LLC**Mailing Address 236 Massachusetts Avenue NE  
Suite 603

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Fundraising Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Annual

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 30 2015**Transaction ID : 21b-02-01118-01320**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey C Carroll**

Mailing Address 1831 Grampion Place

City Vienna State VA Zip Code 22182

Purpose of Disbursement  
Fundraising Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Annual

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 30 2015**Transaction ID : 21b-02-01119-01321**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Jodi Woolley**

Mailing Address 83 Navesink Ave.

City Rumson State NJ Zip Code 07760

Purpose of Disbursement  
Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Annual

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 30 2015**Transaction ID : 21b-02-01120-01322**

Amount of Each Disbursement this Period

300.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1550.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 19

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 14 Arrow Street

City Cambridge      State MA      Zip Code 02138

Purpose of Disbursement  
Service Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2015  
☐ Primary    ☐ General  
☒ Other (specify) ▼  
Annual

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 31 2015
**Transaction ID : 21b-02-01109-01302**

Amount of Each Disbursement this Period

98.75

Full Name (Last, First, Middle Initial)

**B. Common Sense Consulting**

Mailing Address PO Box 21

City Hopewell      State NJ      Zip Code 08525

Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2015  
☐ Primary    ☐ General  
☒ Other (specify) ▼  
Annual

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 31 2015
**Transaction ID : 21b-02-01121-01323**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►
348.75  
7142.05

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

**A. DCCC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Mailing Address 430 South Capitol Street SE

City	State	Zip Code
Washington	DC	20003

**Transaction ID : 23-02-01117-01319**Purpose of Disbursement  
Contribution - Building Fund

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

22500.00
----------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Annual

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

22500.00
22500.00